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**CENTRAL FAX CENTER****JUL 19 2006****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application Serial No. .... 10/620,468  
Confirmation No. .... 8630  
Filing Date ..... July 15, 2003  
Inventor ..... Dinesh Chopra  
Assignee ..... Micron Technology, Inc.  
Group Art Unit ..... 2822  
Examiner ..... T. Tran  
Attorney's Docket No. .... MI22-2345  
Customer No. .... 021567  
Title: Conductive Connection Forming Methods, Oxidation Reducing  
Methods, and Integrated Circuits Formed Thereby

**RESPONSE TO JUNE 19, 2006 OFFICE ACTION**

To: MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Art Unit 2822  
Alexandria, VA 22313-1450

From: James E. Lake (Tel. 509-624-4276; Fax 509-838-3424)  
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**AMENDMENTS**

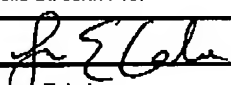
JUL 19 2006

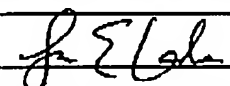
PTO/SB/21 (09-04)

Approved for use through 07/31/2006, OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/820,468	
	Filing Date	July 15, 2003	
	First Named Inventor	Dinesh Chopra et al.	
	Art Unit	2822	
	Examiner Name	T. Tran	
Total Number of Pages in This Submission	9	Attorney Docket Number	MI22-2345

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD  <input type="checkbox"/> Remarks _____ Customer No. 021567  Although there is no fee believed due, the Commissioner is hereby authorized to charge any fees under 37 C.F.R. 1.16 and 1.17 which may be required by this paper to Deposit Account No. 23-0925.	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): _____
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Wells St. John P.S.	
Signature		
Printed name	James E. Lake	
Date	19 Jul 2006	Reg. No. 44,854

CERTIFICATE OF TRANSMISSION/MAILING		
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Signature		Faxed to (571)273-8300
Typed or printed name	James E. Lake	Date

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